SAMPLE RESOLUTION

Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931

RESOLUTION FOR INCLUSION UNDER GROUP LIFE INSURANCE

RESOLVED, by the _	Town Board (Governing Body)	of the(Em	Town ployer Legal Name)	of Anyw	here
that pursuant to the provisions of	f Chapter 40 of the Wiscon		Town Board		y determines
to be included under the following	g group life insurance prog	gram(s) provided b	Governing B) y Chapter 40 of the V		or its eligible personnel:
Check box(es) for cov	erage desired:				
	oup Life Insurance ental Group Life Insurance	•			
	roup Life Insurance] Unit 1] Units 1 and 2] Units 1, 2 and 3				
☐ Amount	and Dependent Group Life of insurance for any insure tive date of this resolution	d employe who att	ains age 65 on or afte er than 25%	ər	
BE IT FURTHER RES	OLVED, that the proper of	ficers are herewith	authorized and direc	ted to take all actio	ns and make such deductions and
submit such payments as are re					
BE IT FURTHER RES	OLVED, that the Tow (Er	n of Anywhere nployer Name)	WRS Ag	ent submit a certifie	d copy of this resolution
to the State of Wisconsin Depart	ment of Employe Trust Fu	nds.			
		CERTIFIC	CATION		
I hereby certify that the	e foregoing resolution is a t	true, correct and co	omplete copy of the re	esolution duly and r	egularly passed by the
	of the Town	of	Anywhere	on the	1 day of March ,
(Governing Body) 2005 nd that said resolut	(Employer Name	•			
2005 - Inditinal said resolut	on has not been repealed	or amended, and i	s now in full force and	d effect. Dated this	
•	Stat. 943.395 provide crim	ninal penalties for I	knowingly making fals	se and fraudulent st	atements on this form and hereby
certify that, to the best of my kno					
			Dto >	70	
Employer Identification Number	EIN) <u>69-036- 0000-000</u>		Delly	Ross	Board President
		WRS	S Agent Signature		Title
		12	34 Main Street	1	
		A	nywhere, WI 53		
			ivialling	Address	
		Teleph	one Number <u>(608</u>) 123-4567	
Number of eligible employe	ees: <u>10</u>				
The resolution shall be effective	on the 1st of the 4th month	after receipt in the	e office of the Departr	ment of Employee 1	rust Funds
For ETF EEFFECTIVE DATE OF COV		F:			
ET-1303 (REV 4/99)		J			

Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931

RESOLUTION FOR INCLUSION UNDER GROUP LIFE INSURANCE

RESOLVED, by the	of the		of
(Governing Body)		(Employer Legal Name)	
that pursuant to the provisions of Chapter 40 of the Wisconsin Stat	utes such	700	hereby determines
As he included an death, 600 ct.		(Governing Body)	
to be included under the following group life insurance program(s) p	provided by Chapte	er 40 of the Wisconsin Statutes f	or its eligible personnel:
Check box(es) for coverage desired:			
☐ Basic Group Life Insurance☐ Supplemental Group Life Insurance			
Additional Group Life Insurance Unit 1 Units 1 and 2 Units 1, 2 and 3			
☐ Spouse and Dependent Group Life Insurance☐ Amount of insurance for any insured employ the effective date of this resolution shall be	ye who attains age	65 on or after %	Ł
BE IT FURTHER RESOLVED, that the proper officers are	e herewith authoriz	ed and directed to take all action	is and make such deductions and submit
such payments as are required by the Group Insurance Board of th	e State of Wiscons	in to provide such group life ins	urance.
BE IT FURTHER RESOLVED, that the		WRS Agent	t submit a certified copy of this resolution
(Employer Name)		
to the State of Wisconsin Department of Employe Trust Funds.			
Therefore 197 H. Life Co. St. Co. St. Co. St.	CERTIFICATIO		
I hereby certify that the foregoing resolution is a true, con			
(Governing Body) of the (Employer Na	of _		on the day of,
, and that said resolution has not been repealed or amen			
		tan force and eneog. Dated this	day or,
I understand that Wis. Stat. 943.395 provides criminal per	astion for knowing	v making false and fraudulant at	atomosto on this forms and bounds and
that, to the best of my knowledge and belief, the information is true		y making raise and naudulent st	atements on this form and nereby certify
that, to the best of my knowledge and belief, the information is true	and correct.		
Farely and described by the Alice of China constraints			
Employer Identification Number (EIN) 69-036-			
	WRS Agent	Signature	Title
			-
		Mailine Address	
		Mailing Address	
	Telephone Nur	nber (
Number of eligible employes:			
The resolution shall be effective on the 1st of the 4th month after re	ceipt in the office of	of the Department of Employee 1	rust Funds
For ETE Use Oak			
For ETF Use Only EFFECTIVE DATE OF COVERAGE ENTERED BY ETF:			
ET-1303 (REV 4/99)			

2

Department of Employee Trust Funds P.O. Box 7931 Madison, WI 53707-7931

EMPLOYER RESOLUTION TO PAY ENTIRE PREMIUM FOR:

Check box(es):							
☐ Basi	☐ Basic Group Life Insurance						
☐ Supp	plemental Group Life Insu	rance					
☐ Addi	itional Group Life Insuranc	ce					
_ u	Unit 1 Units 1 & 2 Units 1, 2, & 3						
☐ Spor	use and Dependent Group	Life Insurance					
	that pursuant to Wis. Stat.		on to pay the entire group life				
	(Governing Body)						
of the							
	(Emp	oloyer Name)					
Employer Identi	ification Number (EIN):	69-036-	on				
(Date Action	on Taken)						
fraudulent state			for knowingly making false or best of my knowledge and				
Date (MM/DD/CCYY)	WRS Agent Signature		Title				
,	(1	For ETF use only)					
	Effective Date of	of Coverage entered by ETF:					

ET-1301 (REV 08/2004)